

DAY OF THE AFRICAN CHILD

2022 Edition



HARMFUL PRACTICES IN CHAD

from 2014 to 2022

unicef 
for every child

CONTEXT

Social indicators in Chad are very low despite the government's efforts to improve the country's socio-economic situation. The low social development is illustrated by the Human Development Index (HDI) score of 0.398 in 2019 (UNDP 2020), ranking the country 187th out of 189 (compared to 0.513 and 0.547 respectively for the low human development and sub-Saharan Africa averages).

However, although the incidence of poverty is still high, the country has recorded a modest decline in the poverty rate of 4.4 percentage points over the period 2011-2018, from 46.7% in 2011 to 42.3% in 2018 (World Bank 2022).

These statistics highlight the challenges faced by the population in accessing basic goods and services. Oil drilling, which began in 2003, has contributed to an increase in gross domestic product (GDP) per capita from US\$497 in 2001-2002 to US\$823 in 2017 (World Bank 2017). Despite this, Chad remains classified as a low-income country by the World Bank with a per capita gross national income (GNI) of US\$700 in 2019.

Yet Chad has made social development a priority by allocating resources to finance social sectors. Thanks to oil resources, the country has continued investing in the priority social sectors of health, education and water, although investments are still below international standards.



Despite the efforts made by the Chadian government and its partners to improve the economic and social situation, harmful practices such as child marriage and female genital mutilation (FGM) are recurrent for many Chadian children and women.

The qualitative study on the socio-anthropological determinants of child marriage and FGM conducted in the provinces of Mandoul, Ouaddaï and Tandjilé by the Ministry in charge of Women, Early Childhood and National Solidarity (MFPESEN) in 2015 with the support of UNICEF confirmed the fact that child marriage and FGM are common traditional practices in Chad.

Female Genital Mutilations

According to the results of MICS-6 (2019), 34.1% of women aged 15-49 have undergone FGM and 7% of girls aged 0-14 have undergone some form of the practice. The provinces of Salamat (81.4%), Mandoul (80.4%), Sila (75.7%),

Moyen Chari (64.8%), Batha (63.5%), Guera (64.1%) and Hadjer Lamis (58.4%) have the highest rates.

According to the demographic and health survey MICS 2014-2015 report, in the 13 provinces where FGM is practised, the rates varied between 96.1% and 0.7%. According to the same source, in 2015, rates remained stagnant or higher compared to 2010 in the 6 provinces with the highest rates. In contrast, the results of MICS-6 2019 show a 4 percentage points reduction in the rate at the national level and a significant reduction in some provinces that have been supported by UNICEF (Guera, Ouaddaï, Salamat, Mandoul):

Table 1: comparative table of provincial data on the practice of FGM

Provinces	Percentage of circumcised girls/women (EDST MICS 2010)	Percentage of circumcised girls/women (EDST MICS 2014 – 2015)	Percentage of circumcised girls/women (EDST MICS 2019)
Sila	95.7	93.2	75.7
Salamat	95.6	96.1	81.7
Mandoul	87.9	82	80.4
Guéra	79.3	90	64.1
Ouaddaï	79.1	96.1	62.2
Batha	77.7	79.4	63.5
Moyen Chari	73.7	53.5	64.8
Hadjer Lamis	69.2	0.7	58.4
Wadi Fira	58.3	37.6	24.6
N'Djamena	47	5.5	31.8
Chari Baguirmi	37.3	90	39.4
Logone Oriental	34	82.9	22.8
Tandjilé	12.2	n/d	20.6
National	44	38	34.1

Data source: INSEED, EDS-MICS 2014-2015, 2019

According to the results of the MICS survey conducted in 2019, 22% of women in Chad believe that the practice of excision should continue. The perception evolves according to the status of the woman who has been excised, her place of residence and her level of education. 44.1% of excised women do not want the practice of female genital mutilation to be abandoned.

23.6% of women in rural areas and 16.3% of women in urban areas do not want the practice of FGM to be abandoned.

Moreover, the perception of the practice of excision is correlated with the woman's level of education; only 8.9% of women with a higher level of education would like to see this practice continue.

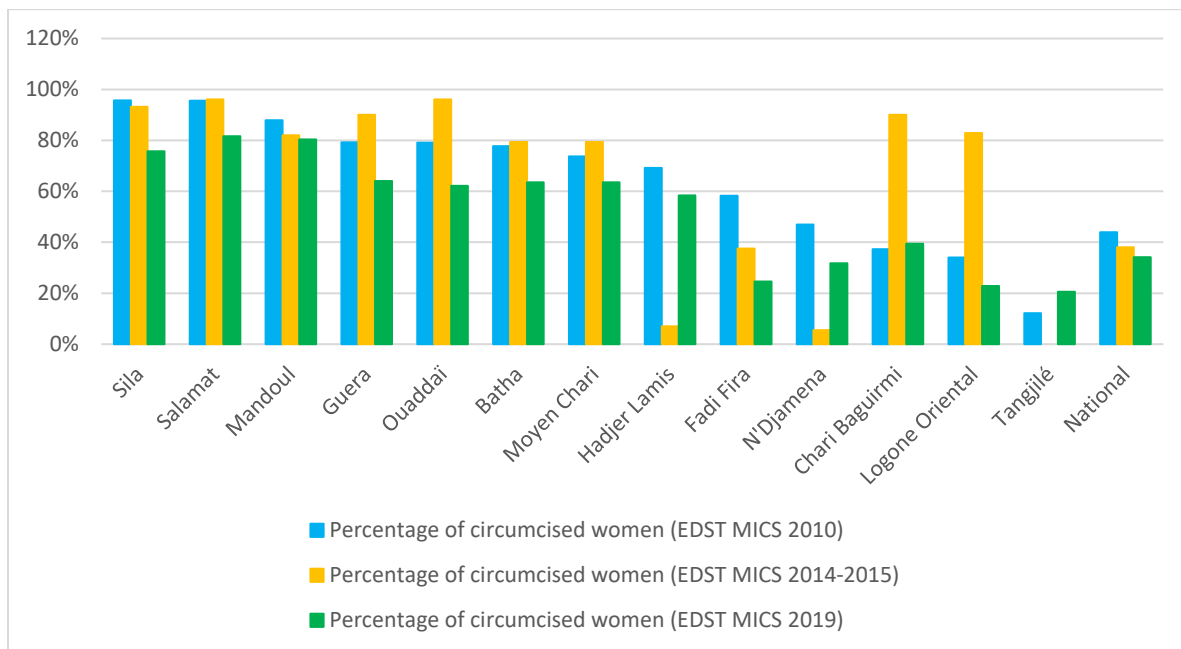
In terms of evolution, the percentage of women at the national level who think that the practice of FGM should continue has dropped from 29.1% in 2014 to 22% in 2019 according to the results of the MICS survey.

Table 2 : Comparative table of data on the approval of the practice of FGM, from 2014 to 2019

Criteria		Must continue		Must be abandoned		It depends		Does not provide clear response	
		MICS 2014-2015	MICS 2019	MICS 2014-2015	MICS 2019	MICS 2014-2015	MICS 2019	MICS 2014-2015	MICS 2019
Female circumcision status	Circumcised	55.1	44.1	27.1	39.4		13.2	17.8	9.6
	Not circumcised	5.3	5.2	61.7	62.9		22.3	33.0	3.2
Place of residence	Urban	18.0	16.3	58.2	64.2		14.4	23.8	5.1
	Rural	33.2	23.6	40.3	49.6		19.5	26.5	7.3
Quintile of economic well-being	The poorest	34.8	32.9	41.6	41.3		18.2	23.6	7.7
	Second quintile	32.7	24.8	38.4	47.4		19.7	28.9	8
	Middle quintile	33.0	21.9	38.8	50.9		19.2	28.2	8
	Fourth quintile	32.0	16.8	41.3	56.7		20.3	26.7	6.3
	The richest	16.4	15.2	61.0	64.9		15.1	22.6	4.8
Level of education	No education	38.8	27.3	35.2	46.6		18.9	26.0	7.2
	Primary	17.0	15.8	54.0	57.4		19.4	29.0	7.4
	Secondary	10.7	10.1	68.4	69		15.8	20.9	5.1
	Higher	3.9	8.9	86.4	80		10.2	9.7	0.9
Total		29.1	22	45.1	52.8		18.4	25.8	6.8

Data sources: INSEED, EDS-MICS 2014-2015, 2019

Graph 1: Comparative data on the practice of child marriage by province, 2010 to 2019



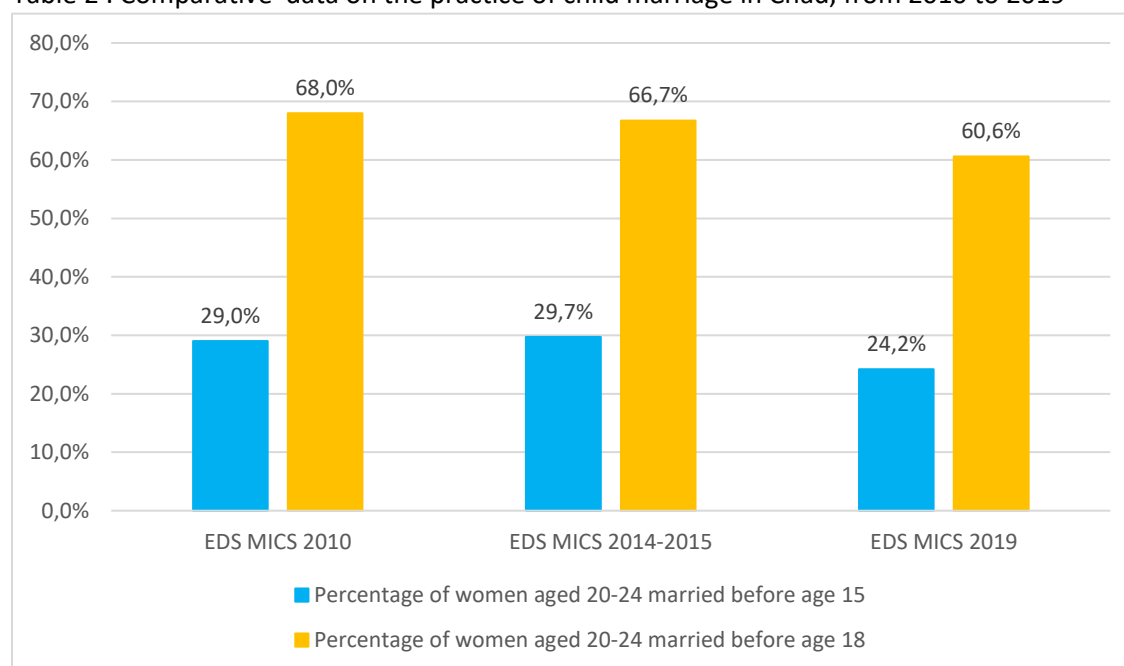
Data source: INSEED, EDS-MICS 2014-2015, 2019

Evolution of child marriage from 2010 to 2019

In 2019, 60.6% of women aged 20 to 24 were married before the age of 18. The rate of child marriage is highest in rural areas. 63.3% of women aged 20 to 24 in rural areas were married before the age of 18 (compared to 49.9% in urban areas) and 25% of women in the same age group were married before the age of 15 (compared to 21% in urban areas).

In terms of trends, there was a decline in the percentage of women aged 20-24 who married before the age of 18 between 2010, 2015 and 2019 (68%, 66.7% and 60.6%). For women in the same age group who married before the age of 15, there was a decrease between 2015 and 2019 (29.7% and 24.2%).

Table 2 : Comparative data on the practice of child marriage in Chad, from 2010 to 2019



Data source : INSEED, EDS-MICS 2014-2015, 2019

IDENTIFIED BARRIERS

Harmful practices are caused by several factors:

- Social norms and traditions: like most African countries, Chad is a country where oral tradition is very strong, with more than 200 ethnic groups and therefore as many traditions that are passed on from one generation to the next. This means that customary and traditional practices are better respected than written laws, which most of the population describes as 'western or imported laws'; there are social norms that link FGM to marriage, as families circumcise their daughters either to prepare them for marriage or to satisfy initiation rites that only require the participation of the circumcised girls and/or women. Thus, these practices are accepted and tolerated in some communities.

- Certain religious considerations;

- Insufficient resources allocated to the social services: social services lack budgets for service provision. This greatly limits their actions in the field. They are dependent on funding from partner programmes;
- Women and children have poor access to basic social services and to the justice system, therefore it is difficult for them to seek justice;
- The impunity for the perpetrators of violence against children and women encourages survivors to remain silent;
- The low level of literacy among parents leads to ignorance and misperception of the risks associated with harmful practices.

THE CONSEQUENCES OF HARMFUL PRACTICES ON CHILDREN AND WOMEN

Harmful practices (FGM and child marriage) have harmful consequences on the lives of girls and women: difficult childbirth, risk of fistula, risk of infection with Sexually Transmitted Infections (STIs), HIV/AIDS, stigma, and sometimes death. They are a serious violation of human rights.

Since the practices are more common in rural areas they perpetuate the cycle of poverty. More often, as married girls are withdrawn from school, they are deprived of a proper education and effective participation in the development of their families, communities, and country.



Signature of Ordinance No. 006/PR /2015 prohibiting child marriage by President Idriss Deby ITNO on 14 March 2015

THE NATIONAL RESPONSES

The Government of the Republic of Chad, with the support of partners including UNICEF, is implementing actions to prevent and respond to all forms of violence against children. These include:

- A national campaign against child marriage was launched in March 2015, which led to the signing of Ordinance No. 006/PR/2015 on the prohibition of child marriage by the President of the Republic of Chad in 2015; Chad was the first country in Africa to launch the African Union campaign to eliminate child marriage;
- Ratification/promulgation of the ordinance by the National Assembly in July 2015, existence of law N°029/PR/2015 ratifying ordinance N°006/PR/2015 on the prohibition of child marriage;
- Signature of the national Roadmap on the fight against child marriage and FGM by the Ministry of Women, Social Action and National Solidarity and the United Nations System (UNICEF leadership);
- Creation of a working group on child marriage and FGM;

- Creation of young reporters' clubs in the provinces of Mandoul and Tandjilé (advocacy, community mobilisation);
- Training of police, gendarmerie and judiciary trainers on child rights and protection;
- Creation by the Transitional Military Council in 2021 of a toll-free hotline (116) to report all forms of violence, including violence against children;
- Creation by the Ministry of Women, Family and Child Protection of an inter-ministerial coordination framework for child protection on 14 May 2019;
- Social/behavioural change activities in the areas affected by these practices to raise community awareness of the risks and consequences of harmful practices; this has led to the signing of public commitments to abandon child marriage by community leaders (traditional and religious chiefs);
- Establishment of child protection committees at provincial, departmental, and cantonal levels for the implementation of a referral mechanism for victims of violence;
- Strengthening of care services for child victims or children at risk: psychosocial, medical, and legal care; 55 girls and women have benefited from reconstructive surgery in Mandoul province.



Community mobilisation session in Dono Manga village (Tandjilé)

THE WAY FORWARD

To enable Chadian children to grow up without violence, in a healthy and safe environment in their communities, and to benefit from the same opportunities in life, we need to reinvent a Chad without violence against children and women. To achieve this, significant efforts will be made in the following areas:

- Advocacy at all levels of Chadian society;
- Strengthening of the technical and financial capacities of social services to provide quality services for protection of children against violence ;
- Establishment of a national mechanism for the management and referral of cases of survivors of these harmful practices;
- Strengthening of data collection on harmful practices;
- Strengthening the national child protection system through the improvement of the legislative and regulatory framework for child protection, the adoption of positive social norms, the establishment of an information system on child protection, the provision of financial resources by the Government to social services for adequate interventions;
- Mobilization of new actors including adolescents and children themselves with concrete commitments to end harmful practices.
- Strengthening of mobilization activities at the community level to abandon harmful practices.
- Giving more attention to the promotion of birth registration (in view of its facilitating role in the protection of children against harm in view of their age vulnerabilities), timely reporting of births and compulsory schooling of children;
- Establishment of social protection schemes for girls and vulnerable families, and provision of better access to education, health services and economic opportunities.



A traditional leader signs a public commitment to abandon harmful practices (Tandjile)